Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bob Casey for Senate Inc PO Box 58746 ADDRESS (number and street) (Check if address is changed) Philadelphia 19102 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lsnyder@mbacg.com (Check if address is changed) Optional Second E-Mail Address mbrengarth@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.BobCasey.com (Check if address is changed) DATE 2019 C00431056 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lyons, Charlie, , , Type or Print Name of Treasurer Lyons, Charlie, , , [Electronically Filed] 06 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	EC Fo	orm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Candid		Casey, Robert, P., , Jr.	
Candid Party <i>A</i>		ion DEM Office Sought: House X Senate President	State PA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	nmittee:	)omogratio
(d)			Democratic, epublican, etc.) Party.
Politic	cal A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
Bob Casey for S	Senate Inc	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
Casey Keystone Victor	ry Fund	
Mailing Address	PO Box 58746	
	Philadelphia PA 19102	-
	CITY STATE	ZIP CODE
Dolotionship, Connector	d Organization  Affiliated Committee	eadership PAC Sponsor
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Le	adership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in po	essession of committee
Mele, Stev	an an	
Full Name		
Mailing Address	611 Pennsylvania Ave SE, #143	
	Washington PA 20003	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	-
	Telephone number	
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the natissistant treasurer).	ame and address of
Full Name Lyons, Cha	ırlie, , ,	
Mailing Address	PO Box 58746	
Ů		
	Philadelphia   PA   20003	
Title on Decision	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	[-] [
I		

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Full Name of Designated Agent	Mele, Steven, , ,	
Mailing Address	611 Pennsylvania Ave SE, #143	
	Washington PA 20003	
Title or Position Assistant Treasure		ZIP CODE
safety deposit boxe Name of Bank, De		ds accounts, rents
L	Amalgamated Bank 11825 K St NW	
Mailing Address	<u> </u>	
	Washington DC 20006	
	CITY STATE	
	SILL	ZIP CODE
Name of Bank, De		ZIP CODE
Name of Bank, De		ZIP CODE
Name of Bank, De	epository, etc.	ZIP CODE
L	epository, etc.	ZIP CODE
L	epository, etc.	ZIP CODE

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Amended to update joint fundraising representative committee name

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
Ohio Pennsylvania	_		,
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor	CITY   CITY   Tes: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposition are of Bank,	CITY   CITY   Tes: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or matame of Bank,	CITY   CITY   Tes: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Lianks or Other Depositor afety deposit boxes or mailane of Bank, depository, etc.	CITY   CITY   Tes: List all banks or other depositories in which	elephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Rhode Island Pe	nnsylvania Victory Fund		
	918 Pennsylvania Ave SE		
Mailing Address			
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A